

FAY, SHARPE, BEALL,
FAGAN, MINNICH & McKEE
104 East Hume Avenue
Alexandria, Virginia 22301
(703) 684-1120

In re Patent Application of

BAYCHAR

Serial No. 08/910,115

Group Art Unit: 3408

Filed: August 13, 1997

Examiner:

For: WATERPROOF/BREATHABLE TECHNICAL APPAREL

Papers Filed Herewith:

Transmittal Letter, in duplicate; and
Preliminary Amendment.

Receipt is hereby acknowledged of the papers filed, as
identified in connection with the above-identified patent
application.

COMMISSIONER OF PATENTS AND TRADEMARKS

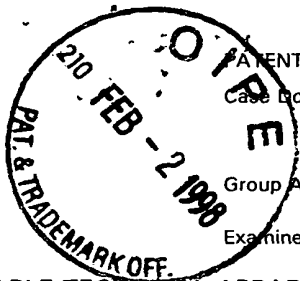


BAY-310

RECEIVED

FEB 24 1999

GROUP 1700



PATENT

Case/Bracket No. BAY-310

In RE application of BAYCHAR

Serial No.: 08/910,115

Group Art Unit: 3408

Filed: August 13, 1997

Examiner:

For: WATERPROOF/BREATHABLE TECHNICAL APPAREL

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra
Total * 20	Minus ** 20	= 0
Indep. * 3	Minus *** 3	= 0

☐ First Presentation of Multiple Dependent Claims

SMALL ENTITY

Rate	Additional Fee
x 11	\$ 0
x 41	\$ 0
+ 135	\$ 0
Total	\$ 0

OR

OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 22	\$
x 82	\$
+ 270	\$
Total	\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 02-1540 in the amount of \$ _____
A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$ _____ is attached in payment of: _____
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1540. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

FAY, SHARPE, BEALL, FAGAN
MINNICH & McKEE
104 East Hume Avenue
Alexandria, Virginia 22301
(703) 684-1120

By:

Shrinath Malur

Registration No. 34,663
Attorney for Applicant(s)

Date: February 2, 1998

RECEIVED

JUL 10 1998

GROUP 2100

RECEIVED

SEP 10 PM 2:28

RECEIVED

GROUP 1000

RECEIVED

JUL -1 AM 11:29

RECEIVED

GROUP 1000

AUG -4 AM 10